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Draft country programme document**

Islamic Republic of Afghanistan

Summary

The Executive Director presents the draft country programme document (CPD) for the Islamic Republic of Afghanistan for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $41,397,000 from regular resources, subject to the availability of funds, and $126,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2008.

* E/ICEF/2005/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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Basic data (2003 unless otherwise stated)	
Child population (millions, under 18 yrs) (2004)	11.9
U5MR (per 1,000 live births)	257
Underweight (% moderate and severe) (1997)	48
Maternal mortality ratio (per 100,000 live births) (2002)	1 600
Primary school attendance/enrolment (%, net, male/female) (2003, 1993)	67/40, 42/15
Primary schoolchildren reaching grade 5 (%, 1999)	49
Use of improved drinking water sources (%, 2002)	13
Adult HIV prevalence rate (%, end 2003)	-
Child work (%, children 5-14 years old)	8
GNI per capita (US$)	[a]
One-year-olds immunized against DPT3 (%)	54
One-year-olds immunized against measles (%)	50

[a] Range $765 or less.

The situation of children and women

1. The Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women are the guiding frame of reference for this programme of cooperation, including in the analysis of the situation of children and women and the formulation of an appropriate response.

2. While more than two years of relative peace have brought great promise and optimism, and ordinary Afghans, including children, have seen improvements in their lives, the situation of children and women remains critical. A causality analysis found interrelated roots of the problems affecting women and children in Afghanistan, the main problem being the non-fulfilment of the rights of children and women to survival, development, protection and participation. Manifestations of these problems include high mortality rates, high malnutrition rates, a widespread lack of education and skills, in particular, among girls and women, and early marriages and pregnancies, compounded by a large number of vulnerable children in need of special protection. Some of the immediate causes include inadequate basic services, low household incomes, insecurity and fractured household-coping mechanisms. These are attributed to the prolonged conflict, community hardship, changing and fragmented social systems, the weak economy, and the regular occurrence of natural disasters. Traditional cultural practices and severe gender inequality are the overarching basic causes.

3. Nine in 10 rural women deliver babies at home, without skilled birth assistance or access to essential emergency obstetric care, and this contributes to one of the highest maternal mortality ratios in the world. As many as 18,000 Afghan women die annually as a result of complications during pregnancy and childbirth. Infant mortality stands at 140 per 1,000 live births, while under-5 child mortality is 230 per 1,000 live births, caused by measles, diarrhoea, acute respiratory infections, malaria and malnutrition. Some 54 per cent of Afghan children are chronically malnourished, 40 per cent are underweight for their age, and 71 per cent of children

and 65 per cent of pregnant women suffer from iron deficiency. Seventy-two per cent of school-age children and 42 per cent of women are iodine deficient. Fewer than 30 per cent of Afghan infants are exclusively breastfed, and over two thirds do not receive appropriate and timely complementary feeding. Diarrhoea is prevalent in about 30 per cent of children under 5, and 51 of every 1,000 children born in Afghanistan will die of diarrhoea before they reach age 5. While the number of confirmed polio cases dropped from 27 in 2000 to 4 in 2004, routine immunization against vaccine-preventable diseases remains low nationwide. Neonatal tetanus shows a mortality rate of 10 per 1,000 live births and causes 10,000 neonatal preventable deaths annually. Some 10 per cent of people living at an altitude of less than 1,500 metres are infected with the malaria parasite.

4. Access to safe drinking water and pit latrines is limited, especially in rural areas, including schools. Over 75 per cent of schools do not have a safe drinking water source, and 80 per cent have no access to a latrine. Eighty-two per cent of rural, and 67 per cent of urban, populations do not have access to safe drinking water. Meanwhile, over 90 per cent of the rural population and almost 70 per cent of urban dwellers do not have access to safe sanitation. Personal hygiene practice is generally considered to be extremely poor.

5. Net enrolment rates, especially for girls, have increased: some 67 per cent of boys, and 40 per cent of girls, aged 7 to 12 are in school, compared with 41 per cent of boys and 13 per cent of girls in 2002. Yet 45 per cent of all primary school-age children — 2 million children — are not yet enrolled. A large gender disparity continues in net enrolment across provinces, fuelled by inadequate classroom space, poor teacher standards and traditional reservations about girls' education. In nine provinces, girls' non-enrolment stands at more than 80 per cent, and at an alarming 99 per cent in two provinces. In 2003, male literacy stood at 43 per cent and female literacy at only 14 per cent, with barely 8 per cent of rural women literate — one of the lowest rates in the world.

6. An estimated 8,000 minors have been associated with the fighting forces. Between 20 per cent and 30 per cent of children of primary school age are working to support their families, largely because of extreme poverty. Many working children face significant abuses and hazards, as do young girls employed as domestic help. Given the continued threat of landmines and unexploded ordnance (UXO), children remain at high risk of injury or death. Increased cases of child kidnapping, smuggling and trafficking have also been reported. In 2003, a total of 106 cases of kidnapping were documented; all but one of these cases involved boys, nearly two thirds of whom were under age 15. In spite of some progress, the lack of systematic birth registration means that the identity of only a few children is protected. Economic pressures and the weakening of traditional coping mechanisms such as the extended family have left "economic" orphans at risk of institutionalism, trafficking and abuse.

7. While the estimates for HIV prevalence in Afghanistan are very low, the lack of a surveillance system could well mask serious and growing epidemics in some areas of the country, linked primarily to high-risk behaviour and vulnerability factors. Afghanistan has all the basic factors known to fuel an HIV epidemic: widespread poverty, low levels of literacy and educational attainment, economic disparities, endemic gender inequalities and gender-based discrimination, huge numbers of mobile populations and limited access to basic health services, all of

which are compounded by a widespread lack of awareness at all levels of society about HIV/AIDS and its impact.

Key results and lessons learned from previous cooperation, 2003-2005

Key results achieved

8. The Islamic Republic of Afghanistan fully endorsed the Millennium Declaration and the Millennium Development Goals, ratified the Convention on the Elimination of All Forms of Discrimination against Women and the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflicts. The Government issued a decree setting 22 as the minimum age of recruitment for the new Afghan National Army.

9. The Ministry of Labour and Social Affairs agreed to discontinue the establishment of new orphanages and adopted a non-institutionalization policy in support of children deprived of parental care. A Juvenile Code was completed, and a National Plan of Action to combat child trafficking was finalized.

10. Measles and polio immunization campaigns reached 6.4 million children and contributed significantly to a reduction in infant and under-5 mortality. A nationwide maternal and neonatal tetanus immunization campaign reached about 3 million women of childbearing age. Ten salt iodization factories with the capacity to meet the national requirement for human consumption have been established, promising an end to iodine deficiency disorders.

11. An estimated 4.7 million school children, including 400,000 girls, were enrolled in primary school and 72,000 out-of-school girls benefited from accelerated learning courses. The Ministry of Education developed a new curriculum, already in place for grades 1 and 4 and to be completed for the other grades in 2005. Short in-service teacher training was conducted for all 52,000 primary teachers in language arts, pedagogy and landmine awareness. About 1.1 million students have obtained improved access to safe drinking water supplies and sanitary latrines. In schools, 2,200 water sources and 1,073 six-compartment latrines were constructed. The impact of these activities on education is reflected in increasing student numbers, rapid improvements in the learning ability of children lacking several years of education and notable enhancements in the teaching style among teachers receiving in-service training.

12. Religious leaders and institutions remain one of the greatest sources of influence on the family and communities, and accordingly, 75,000 community religious leaders have been sensitized on girls' education, child rights, health and nutrition, HIV/AIDS, water and sanitation, and child protection.

13. More than 3,700 former child soldiers have been demobilized in a process led by the Government with local communities, and reintegration of more than 8,000 former child soldiers and other out-of-school children is ongoing. Birth registration campaigns, undertaken through immunization campaigns, reached 95 per cent of all children under one year old in 2003. Mine-risk education activities contributed to the reduction of mine/UXO victims from 350 per month in 2002 to 100 per month in 2004. Assistance was given to 1,100 families affected by natural disasters. About

120,000 internally displaced persons (IDPs) and 400,000 returnee children were supported in 2003. In addition, 500,000 returnees and IDPs gained access to drinking water through 1,000 new water points.

14. In the absence of reliable, up-to-date national and disaggregated data to measure progress, UNICEF supported a Government-led multiple indicator cluster survey of 21,000 households in 2003. Findings were widely utilized as one of the primary baseline data sets for the Common Country Assessment (CCA), as well as for other focused assessments, planning and monitoring by Government counterparts, United Nations agencies, non-governmental organizations (NGOs) and donors. UNICEF, together with the United Nations country team, is supporting national capacity to monitor the Millennium Development Goals using the *DevInfo* software.

Lessons learned

15. The country programme evaluation and the mid-term review (MTR) have pointed to several lessons. The country programme of cooperation for 2003-2005 responded to the immediate needs of children and women and "jump-started" national capacities and the machinery of government. Support to area-based programmes should continue but should work within sustainable systems and accommodate an increased role of the Government and communities.

16. Campaign approaches in health and education have borne results in an environment lacking institutions and requiring urgency to reach large unreached populations. While campaigns will still be needed in specific areas, a transition should be made to promoting sustainable national systems and structures, emphasizing partnerships to achieve results at scale as well as the building of national capacities at all levels within institutional structures.

17. UNICEF should seek opportunities for greater collaboration with other partners and for joint programming with other United Nations agencies. Furthermore, presence at the provincial level and good collaboration with provincial counterparts are crucial in ensuring effective delivery of services and integrated monitoring of activities.

18. Communication activities raised communities' awareness of services that were in many cases new, such as girls' education and hygiene education in schools. More attention must be given to creating community demand for services and the protection of children. Information and communication should generate demand for services so that the communities have a stake in service provision, with the Government playing a facilitating role.

The country programme, 2006-2008

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Basic education and gender equality	8 589	35 340	43 929
Health and nutrition	6 693	26 775	33 468
Water and environmental sanitation	4 935	21 420	26 355
Child protection	3 165	10 710	13 875
Advocacy and programme communication	2 406	7 500	9 906
Planning, monitoring and evaluation	1 567	6 600	8 167
Cross-sectoral costs	14 042	17 655	31 697
Total	**41 397**	**126 000**	**167 397**

Preparation process

19. The country programme of cooperation between UNICEF and the Islamic Republic of Afghanistan has been developed taking into account recommendations made during the MTR and country programme evaluation, the CCA, the United Nations Development Assistance Framework (UNDAF) for 2006-2008, and the draft medium-term strategic plan (MTSP) of UNICEF for 2006-2009. The Government has not yet prepared a State Party Report to the Committee on the Rights of the Child, and no recommendations are available for consideration. The UNDAF is based on Government priorities and is led by United Nations Assistance Mission for Afghanistan (UNAMA). A Joint Strategy Meeting involving the United Nations country team, line Ministries, donors and civil society, was held under the auspices of UNAMA and the Ministry of Finance. The UNDAF, including the outcomes of the country programme, was endorsed by the Cabinet. In March 2005, UNICEF and its partners undertook a causality analysis on the issues identified in the CCA, and developed the objectives and strategic results for the new country programme. While no specific environmental impact assessment was undertaken, no significant issues are foreseen. In April, a series of further consultations was held with Ministries, the United Nations system, and donors to facilitate strategic planning.

Goal, key results and strategies

20. The overall goal of the country programme is **to create a conducive environment for the realization of the rights of children and women to survival, development, protection and participation**. The expected results drawn from the UNDAF 2006-2008 will combine with national efforts to achieve the following strategic results: (a) a decrease of 22 per cent in under-5 mortality rate by end-2008; (b) a decrease of 25 per cent in the maternal mortality ratio by end-2008; a decrease

in children's and women's malnutrition (virtual elimination of iodine deficiency disorders, a decrease of 30 per cent in underweight children under age 3 and a decrease of 30 per cent in anaemia among children and women); (c) an increase of 50 per cent in literacy rates among females 15-49 years old and an increase of primary school net enrolment for girls by 20 per cent by end-2008; (d) 3 million children and young people provided with the skills, knowledge and confidence to manage life's challenges; (e) greater national awareness on HIV/AIDS; (f) an increase of 20 per cent in access to sustainable safe drinking water and an increase of 20 per cent in access to permanent improved sanitation; (g) strengthened nationwide capacity to monitor and report violations of child rights, including collaboration with neighbouring states; and (h) strengthened national capacity for emergency preparedness and response to reduce suffering, abuse and loss of life associated with sudden crises.

21. Adolescents and young people, particularly girls and women, will be empowered through the promotion of increased participation in basic service delivery at the community level, governance structures at the provincial level, and policy-making at the central level . Adolescents and young people will also be encouraged to participate in literacy and life-skills projects. Through advocacy, dissemination of information and social mobilization, the programme will work with partners to induce changes in public policies, laws, and traditional practices, and will focus on behavioural changes at the community level. Technical support will be provided to government structures in policy development and will facilitate cooperation and exchange of experience with other countries.

22. The country programme covers all 34 Afghan provinces, supporting basic service delivery and building capacity at community, district, and provincial levels through agreements with the Provincial Development Committees. An area-based approach will drive project implementation, with specific indicators serving to identify priority actions. Area-based components in child protection and water and environmental sanitation (WES) will focus on contributing to results in health and nutrition, basic education and gender equality. In response to geographical disparities noted in key social indicators, some provinces will be targeted for accelerated interventions in health and/or education.

23. The country programme will strengthen monitoring and evaluation systems at national, provincial and community levels to better target interventions and measure the effectiveness of the programme, particularly through its provincial presence. Support will be given to the Government to build its capacity in monitoring progress on the Millennium Development Goals and for policy analysis at all levels, emphasizing "Issue and Policy Impact Analysis", an initiative supported by UNICEF. Intersectoral thematic working groups will aim to achieve synergies across programmes.

Relationship to national priorities and the UNDAF

24. The objective and results of the country programme are based on the UNDAF for 2006-2008, in which the United Nations commits to working towards human security and peace-building in accordance with the country's national priorities and needs. The programme is guided by the Millennium Declaration as well as by the National Development Framework, the strategic document, "Securing Afghanistan's

Future", and relevant social-sector priorities. The UNDAF rendered these into a common operational framework for development actions, upon which United Nations organizations, including UNICEF, have formulated their activities and results for 2006-2008. Four interrelated areas of cooperation were identified: governance, rule of law and human rights; sustainable livelihoods; health and education; and environment and natural resources. The Afghanistan Development Forum, organized by the Government in April 2005 under the stewardship of the President of Afghanistan and including government, United Nations, donor and neighbouring country representatives, provided several guidance notes on pro-poor policies and social development consistent with the UNDAF.

Relationship to international priorities

25. The planned results of the country programme will support the Government's resolve to attain the Millennium Development Goals as well as the goals reflected in the *World Fit for Children* Plan of Action and the MTSP. The Government has also adopted pro-poor approaches to economic development and social protection. In response to the United Nations Decade for Action "Water for Life" 2005-2015, the country programme will pay greater attention to water-related issues while striving to ensure the participation of women in related development efforts and further cooperation at all levels to achieve water and sanitation targets of the Millennium Development Goals, the World Summit for Sustainable Development and Agenda 21.

Programme components

26. Four sectoral and two cross-cutting programmes will address the well-being of children and women within a rights-based approach.

27. **Basic education and gender equality**. The programme aims to reduce gender disparity in basic education, improve the quality of education for all children and increase women's literacy. At the national level, the programme will support the Government to develop a comprehensive teacher- training system in primary education. This will include strategies for enlarging the pool of female teachers, which has proven to increase the enrolment and attendance of girls in school. The new system will also revise the way student achievement is assessed, develop textbooks for primary and lower-secondary education and create a policy framework for child-friendly schools.

28. The programme will support the Government to enhance policy-making regarding girl's education, the reduction of gender disparities and the promotion of child-friendly approaches. Support will also be provided to improving management and information systems.

29. To expand access to education, communities will be supported in offering appropriate learning opportunities for out-of-school girls. Linkages with the WES programme will be established in order to ensure that girls have access to safe water, sanitation and hygiene education. Education supplies will be provided to students in primary schools, with an emphasis on reaching girls. Linkages will be made with other UNICEF programmes to establish mechanisms for reporting on child rights violations at the community level. Accelerated learning courses will be

provided to out-of-school girls who are over-age to facilitate their integration to the formal school system. The programme will support the Government to provide adult literacy classes for women and will build the capacity of the Government to plan, manage, and monitor these programmes.

30. In emergencies, temporary learning spaces will be set up, teaching and learning materials provided, recreational activities initiated and primary education re-established or initiated.

31. **Health and nutrition**. The programme aims to reduce infant, child, maternal and neonatal mortality by scaling up high-impact mother and child survival and growth intervention packages as well as the promotion of family- and community-care practices. To substantially increase immunization coverage, greater emphasis will be placed on the expansion of routine immunization services with strong linkages made to existing health and nutrition areas, such as iron-deficiency, anaemia and vitamin A and other micronutrient deficiencies. The programme will also continue to support supplementary immunization activities to contribute to polio eradication, measles control, and maternal and neonatal tetanus elimination. To reduce the risk of HIV/AIDS, the programme will also focus on injection safety, counselling for adolescent girls and women, assuring the safety of blood supplies and the prevention of parent-to-child transmission.

32. At the provincial level, the programme will introduce community-based Integrated Management of Childhood Illnesses, the promotion of insecticide-treated nets against malaria, infant breastfeeding from 0-6 months and young child nutrition-monitoring and therapeutic feeding programmes. Attention will be paid to covering the continuum of pre-pregnancy, pregnancy and lactation periods for women and to the health and well-being of children under age 5. Strong advocacy for improved emergency obstetric care will be undertaken at all levels and new models developed for community-based safe motherhood initiatives; effective interventions will be scaled up.

33. Linking with other sectors, a comprehensive school health programme will be introduced, including hygiene education, life skills emphasizing HIV/AIDS and drug-use prevention, and school-based multi-micronutrient supplementation.

34. Emergency preparedness will be pursued with local authorities and other stakeholders, and this will include the development of technical capacity, tools and guidelines for emergency assessment, response, and monitoring. UNICEF will support the Ministry of Public Health and other actors in responding to the treatment and prevention of severe and moderate malnutrition in emergencies, in coordinating the response and in conducting necessary surveys, surveillance and supply procurement.

35. **Water and environmental sanitation**. The programme aims at improving access to safe water and appropriate sanitation, with a clear focus on sustainability of services. Schools and health centres will be used as entry points at the community level, where the programme is expected to contribute to improved health for children and women, as well as improved schools and increased girls' enrolment in primary education.

36. At the national level, priority will be given to supporting the Government in developing sector policies and strategies for community-based operation and maintenance of services and infrastructure. At the area-based level, service delivery

will be complemented by hygiene education in schools and health centres as well as by communication campaigns to influence behaviour change. In order to ensure that services are user-friendly and accessible for young girls and other vulnerable groups, the participation of communities, particularly adolescents and women, will be supported.

37. The programme will contribute to the national emergency-preparedness plan by supporting surveillance systems for cholera and other diseases related to water and environmental sanitation. In emergencies, the emphasis will be placed on providing safe drinking water and related supplies and on disseminating key hygiene messages. Support will also be given to the construction of latrines, thereby affording privacy, dignity and protection for women and girls.

38. **Child protection**. The programme aims to protect children against violence, exploitation, and abuse and to ensure that the rights of all children to basic health, education and well-being are upheld throughout the country programme as well as the programmes of other actors. Technical inputs on juvenile justice will be provided to counterparts working on the rule of law. In close consultation with all development actors, support to be given to the independent Human Rights Commission of Afghanistan in monitoring child rights violations and in acting as an ombudsperson for violations of the Convention on the Rights of the Child will be addressed. Linkages with other sectors such as health and education will also be established to ensure that protection is widely mainstreamed.

39. Advocacy and technical assistance will be given to the Government to develop and enforce legal, policy and regulatory frameworks, research, legislation and operational guidelines for the protection of vulnerable children and women. The programme will also provide assistance to, and transfer implementation of, mine-risk education interventions to the Afghanistan Mine Action Programme.

40. Measures will also be supported to eliminate child trafficking and forced and bonded child labour and to reduce physical and psychological violence against children. The monitoring and reporting of child rights violations will be supported through the establishment of community-level mechanisms. Within the area-based programme, attention will be given to adolescents, especially girls, to equip them with skills needed for protection from exploitation and abuse. At all levels, the programme will support the Government to establish a national birth and death registration system, thereby strengthening national planning. The programme will also contribute to communication campaigns to raise awareness of the implications of under-age marriage and early pregnancies.

41. In emergencies, measures will be supported to prevent the separation of children from caregivers and to further the identification, registration and reunification of children. The programme will also emphasize the prevention of the sexual abuse and exploitation of children and provide psychosocial care to victims of abuse and/or trauma.

42. **Advocacy and programme communication**. The programme aims to contribute to an increased awareness of and respect for children's and women's rights and to support the Government in complying with international conventions and in achieving the Millennium Development Goals. At the national level, the active participation of the media will be encouraged in the promotion of public information and advocacy campaigns on the country programme priorities.

43. These priorities will drive communication strategies towards specific behavioural outcomes. Community and religious leaders, along with other trusted communicators, will be mobilized to serve as persuasive channels at the grassroots level to promote the adoption of positive behaviours as well as access to information and demand for services across programmes. The programme will support the Government's national HIV/AIDS response, emphasizing prevention among adolescents. It will also focus on the development of life skills for out-of-school children and other vulnerable groups. A key strategy will be to empower adolescents and young people as forces of social change, promoting the development of their leadership skills in areas of child rights and health, including HIV/AIDS awareness and prevention.

44. In emergencies, the programme will support the gathering and sharing of information among affected children and their families. Local and international media will communicate the needs of children and women in order to mobilize resources and will disseminate messages to affected children and their families on ways to access needed services and supplies and on proper practices, such as maintaining health and hygiene and reducing risks.

Monitoring, evaluation and programme management

45. There will be two levels of monitoring: (a) the monitoring of the national development strategies and targets, the Millennium Development Goals and implementation of the MTSP; and, (b) programme monitoring and evaluation. The monitoring of goals will be undertaken by the Government through *DevInfo* with line Ministries comprising an intersectoral mechanism for monitoring and coordination. Through the Joint United Nations Programme on *DevInfo*, the programme will build national capacity to monitor indicators on women and children and will enhance information systems at national and subnational levels, strengthening the role of UNICEF as the knowledge centre on children. Additionally, the programme will support the Government in monitoring implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

46. The Logical Framework Analysis will be the basis for determining planning and monitoring. Assessment of achievements against programme and management indicators will also be carried out through the country management team, internal programme reviews, annual reviews, regular field visits and data collection and analysis. Additionally, the Integrated Monitoring and Evaluation Plan will provide information on key studies and evaluations, capacity-building, achievements and linkages to partners and will serve as the basis for approving and implementing all surveys and evaluations.

47. Linkages with the field will be enhanced through several training and monitoring tools: (a) a personal digital assistant (PDA)-based field monitoring system to collect data at the community level and record progress of projects supported by UNICEF; (b) a monthly-implementation reporting system of office deliverables at the provincial level; and (c) a database for follow-up on key findings and recommendations made during monitoring visits.

48. The Ministry of Foreign Affairs, together with the Ministry of Finance, will be coordinating the planning and implementation of the country programme through a

National Joint Coordinating Committee, and this will be done at the provincial levels through Provincial Development Committees. The UNICEF country management team will draw on support from sector and field staff to improve intersectoral collaboration and management.

Major partnerships

49. In conformity with the UNDAF, UNICEF will work closely with other United Nations agencies, implementing four joint programmes: (a) reduction in maternal mortality; (b) women's literacy and gender empowerment; (c) healthy schools and health in schools; and (d) the 'Greening Afghanistan' initiative. As noted above, joint activities will cover the monitoring of the Millennium Development Goals through *DevInfo*.

50. The country programme will draw upon support from the Asian Development Bank, the World Bank, and other bilateral organizations regarding girls' education to ensure harmonization of inputs, and will work with the International Labour Organization on the Programme on the Elimination of Child Labour for the prevention of the worst forms of child labour. In health and nutrition, cooperation is expected to continue with the Global Alliance for Vaccines and Immunization.

51. The community of NGOs will continue to be an important partner in promoting the rights of children and women and in protecting vulnerable groups in remote areas lacking public institutions and services. Through strategic alliances with the media, communication companies, salt producers and other such partners, the emerging Afghan private sector will be invited to contribute to programme activities.